

# WAIVER OF US ARMY NONAPPROPRIATED FUND RETIREMENT BENEFITS

STATE OF \_\_\_\_\_, COUNTY (CITY) OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 200\_, before me  
personally came \_\_\_\_\_, to me known, who  
(Spouse)  
being by me duly sworn did depose and say that he/she is the lawful spouse of  
\_\_\_\_\_, who is entitled to a benefit from the  
(Employee)  
U.S. Army Nonappropriated Fund Retirement Plan, in accordance with  
(P.L. 98-397 Jan 85), which requires vested married employees to provide  
survivor benefits to their spouse upon death, and that he/she does now freely  
and without duress hereby waive irrevocably, his/her entitlement to a benefit from  
the U.S. Army Nonappropriated Fund Retirement Plan, Additionally, he/she  
does understand that by such waiver of retirement benefits, that he/she is not  
now entitled to a retirement benefit from the U.S. Army Nonappropriated Fund  
Retirement Plan.

Type Spouse's Name	_____
Type Spouse's Social Security #	_____
Type Employee Name	_____
Type Employee Social Security #	_____

_____ Spouse Signature	_____ Date
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_____ Notary Public's Signature	_____ Date
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Notary Public Seal